

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Jericho Pest Control, Inc.
BUSINESS STREET ADDRESS: 4100 SW 100 Terrace ZIP 33328
BUSINESS MAILING ADDRESS: 4100 SW 100 Terrace ZIP 33328
BUSINESS PHONE: (954) 474-0447
DESCRIBE TYPE OF BUSINESS: Pest control (office only)
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Victor Miller</u>	<u>4100 SW 100 Terr.</u>	<u>Davie 33328</u>	<u>474-5120</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0504668

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Victor G. Miller</u>	<u>Victor Miller</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>3/8/01</u> Category <u>07900</u> Fee Exempt per Sec. 13-13 Fee <u>82.08</u> Rec# <u>19553</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # _____	Control # _____ Zoning _____
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION